

1 UNITED STATES DISTRICT COURT  
2 FOR THE WESTERN DISTRICT OF OKLAHOMA  
3 CASE NO. CIV-10-113-SLP

4 PATRICIA THOMPSON, as Personal Representative  
5 of the Estate of MARCONIA LYNN KESSEE,

6 PLAINTIFFS

7 VS.

8 NORMAN REGIONAL HOSPITAL AUTHORITY d/b/a  
9 NORMAN REGIONAL HOSPITAL, a Public Trust, et al.,

10 DEFENDANTS

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**WITNESS: JEFFREY S. CARTER**

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12 The video deposition of JEFFREY S. CARTER  
13 was taken before Jolinda S. Todd, Registered  
14 Professional Reporter, CCR(KY) and Notary Public in  
15 and for the State of Kentucky at Large, at 3151  
16 Beaumont Centre Circle, Suite 375, Lexington,  
17 Kentucky on June 11, 2021, commencing at the  
18 approximate hour of 10:08 a.m. Said deposition was  
19 taken pursuant to Notice, for all purposes as  
20 permitted by the Federal Rules of Civil Procedure.  
21  
22  
23  
24  
25

**EXHIBIT**

**23**

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1           A           He was shaking. Most of the time  
2    when I saw folks in my facility with my experience  
3    having seizures they go unconscious. Mr. Kessee  
4    did not go unconscious. I don't know if he was  
5    having seizures or not. Like I'm saying, I would  
6    have gotten medical -- if I was in that situation  
7    with those officers, I would have gotten medical  
8    intervention because I would think I have no idea  
9    what the hell he was experiencing.

10           Q           And we don't really know if he  
11   went unconscious or not, do we?

12           A           No, sir, we do not.

13           Q           I mean, because Clayton Rickert  
14   actually put a smelling salt or ammonia packet  
15   under his nose and he didn't move for like nine  
16   seconds.

17           A           That is correct.

18           MS. GOOCH: Object to form.

19   BY MR. HAMMONS:

20           Q           So he could have been unconscious  
21   there?

22           A           I don't know the exact time, but  
23   he did -- but based on his testimony, I don't know  
24   what he had in his hand, but he did put something  
25   under his nose, and he said it was an ammonia pack,

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1           A           That's what I did at the time of  
2     reviewing. I review a lot of cases, and I don't  
3     want to get it crossed up with another standard  
4     that I've done in Georgia or Louisiana or somewhere  
5     like that. At the time when I was writing this,  
6     yes, that was -- I reviewed those.

7           Q           Yeah, and that's what I'm asking  
8     you, is it your opinion that the jail staff at  
9     Cleveland County Detention Center met the minimum  
10    standards without being -- knowing the signs and  
11    symptoms of detox, withdrawal and overdose?

12          A           I do not think that -- you're  
13    asking my opinion about the Oklahoma standards or  
14    are you asking my opinion of what they should be  
15    doing?

16          Q           Standard.

17          A           Okay. I can't recall  
18    specifically what the standard states, here --  
19    sitting here today without having it in front of  
20    me. What I found was, is in the practice of what  
21    they did, they met the standard. They got medical  
22    intervention, because you can have the training of  
23    and the knowledge of identifying someone of having  
24    that, but, again I'm not going to have my  
25    correction staff making a determination, this

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1 person is withdrawing as opposed to this person  
2 being under the influence.

3 Because if you're drunk, they may allow them  
4 to sleep it off. If they're overdosing, that could  
5 be a medical problem especially with alcohol, where  
6 it could be deadly, even more so than drugs.  
7 Therefore I'm not going to have them make that call.

8 Q I understand they don't make the  
9 ultimate call.

10 A Uh-huh (affirmative).

11 Q I'm just asking simply, is it the  
12 Oklahoma standard that they have some training to  
13 see some signs of that? That's all I'm asking.

14 A I think it's shall, not may. I  
15 don't think it's required in the standard. Again,  
16 I'd have to review that standard again.

17 Q Do you know what the standard is  
18 in Kentucky? Do they have to know -- just at least  
19 have some training on signs and symptoms of  
20 withdrawal and overdose?

21 MS. DARK: Object to the form.

22 A All it is in Kentucky is to  
23 basically -- medical distress, that's what it's  
24 called. So however you decide or determine what  
25 falls under medical distress, you must have that as

1 MS. DARK: Your arresting officer tells  
2 you, your discharge paper tells you, lots  
3 of ways. I don't think you are being fair,  
4 is my point.

5 MR. HAMMONS: Well, do you want to keep  
6 going?

7 MS. DARK: Yeah, go ahead.

8 MR. HAMMONS: No, you go ahead. I'll let  
9 you finish.

10 MS. DARK: No. I made my statement for the  
11 record. I am just asking you to be fair in  
12 your questions.

13 BY MR. HAMMONS:

14 Q Do you feel I'm being unfair,  
15 sir? If I am, I'll change my --

16 A I can handle it.

17 Q I got to go find it somewhere.  
18 I'll find it real fast, and we will read it exactly  
19 like it is.

20 "An arrestee who is brought into the  
21 facility for booking and has a .3 blood alcohol  
22 content will be automatically sent out for a fit  
23 slip." Is that consistent with other policies you  
24 have implemented in your past?

25 A It could be .25 or .3. What I

1 would question there is it doesn't say who is to  
2 conduct the actual BAC, right.

3 Q Yes, this is just in the section  
4 of initial medical health screening procedural  
5 guidelines. Do you --

6 A Yes, sir.

7 Q Do you think that's part of their  
8 procedure, since it's under procedural guidelines  
9 for intake?

10 A Yes, sir, but again, I think the  
11 question comes in as -- a BAC is normally done on  
12 someone who is charged with DUI. You got a PBT,  
13 which I don't know that that was strong enough to  
14 stand up in court. We utilize it as an  
15 administrative thing just to make sure we are not  
16 bringing someone in or allowing someone to come in  
17 who is under the influence of alcohol if we smell  
18 it on their person, okay? We don't give the  
19 handheld BAC if we don't smell alcohol.

20 Q Okay.

21 A Okay. We just -- I mean, there's  
22 no indicator stating we should. We assume then  
23 that it's some type of drug activity or drug  
24 involvement, therefore we allow medical to make the  
25 call, medical intervention.

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1 at the -- as a culture inside of that facility.

2 That's what I mean by that, in that paragraph.

3 Q Okay. So you are going to  
4 testify that you find there's no causal effect of  
5 death?

6 MS. DARK: Object to the form.

7 A I guess in that statement right  
8 there I'm going to say that I do not believe as a  
9 correctional expert that words killed him. So if  
10 that's a medical determination, then...

11 Q What is your opinion of the jail  
12 staff and the jail in this case? What are your  
13 opinions? I mean, I know we've talked about a  
14 bunch, but could you -- are you able to articulate  
15 it?

16 A As far as how they conduct their  
17 business or?

18 Q Yeah, we can start with the jail  
19 staff, the detention officers in this case.

20 A Well, I think the jail staff had  
21 some training. They were -- they were following  
22 that training. I think they testified on that  
23 based on my perception of depositions.

24 They were -- they had -- the jail had  
25 policies in place, the officers were following those

1 policies. And I think they are -- I think they  
2 are -- relating to their conduct, not the  
3 unprofessional side, but as far as how they dealt  
4 with this situation, I find that they were at least  
5 average if not above average concerning the jails  
6 around the country, and I've been in and taught a  
7 lot.

8 Q Okay.

9 A Now, again, they are not  
10 extraordinary. Everyone has issues, but I feel  
11 like they did their job as they were trained, which  
12 would meet industry standard based on the jail  
13 staff.

14 Q And the policies and procedures  
15 of Cleveland County, have you given opinions on  
16 those?

17 A I think the policies that I  
18 reviewed meet industry standard, I think they --  
19 the policies were written to specific areas. Now,  
20 could some policies have been added, some content  
21 more, of course the more you add is good, but then  
22 it can also -- you don't want to add so much that  
23 it -- they are hard to follow.

24 Q And that you find that same  
25 opinion with respect to sight checks and critical